

<b>MULTIPLE DEPENDENT CLAIM</b> <b>FEE CALCULATION SHEET</b> <b>(FOR USE WITH FORM PTO-875)</b>							SERIAL NO. _____	FILING DATE _____
							APPLICANT(S) _____	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
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TOTAL IND.	3							
TOTAL DEP.	70							
TOTAL CLAIMS	73							